

# Work Order ID 51974

September 11, 2009 9:52:11 AM



Page 1

Item ID: D3823-1KGY

Revision ID: C

Item Name: Overhead Rear, LH-Grey

Start Date: 09/11/2009 Start Qty: 1.00

Required Date: 09/21/2009 Req'd Qty: 1.00

Reference:

Approvals:

Process Plan:

Date: 09-9-11

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start

Stop

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Draw  
Number

Draw  
Rev.

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

100

0.00



HandThermo

Memo

0.00

Hand Finishing Thermoforming

1-Cut Sheet to required Blank size

M111807 BB 09/04/09  
X2

110

0.00



Thermoform

Memo

0.00

Thermoforming Machine

1-Machine Set-Up  
2-Pre-heat Tool to required temp.  
3-Thermoform as per Dwg and Folio #FTA030using tool DT9112  
Dwg Rev: C  
Folio Rev:

BB 09/14/09  
X2

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Work Order ID 51974

September 11, 2009 9:52:11 AM



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Item ID: D3823-1KGY

Accept



Setup Start



Revision ID: C

Stop



Item Name: Overhead Rear, LH-Grey

Start Date: 09/11/2009 Start Qty: 1.00



Cust Item ID:

Required Date: 09/21/2009 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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120

QC2- Inspect parts off machine FAI/FAIB

0.00



QC

Memo

0.00

Quality Control

Visually inspect part for proper formation and texture

BB 09/17/09  
(X2)

130

QC8- Inspect parts - second check

0.00



QC

Memo

0.00

Quality Control

27 8 09/10/24

(X2)

φ

140

0.00



HandThermo

Memo

0.00

Hand Finishing Thermoforming

1-Trim to finished dimensions as per Dwg

BB 09/17/09  
(X2)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

**Work Order ID 51974**

September 11, 2009 9:52:11 AM



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Item ID: D3823-1KGY

Accept



Setup Start



Revision ID: C

Item Name: Overhead Rear, LH-Grey

Stop



Start Date: 09/11/2009 Start Qty: 1.00



Cust Item ID:

Required Date: 09/21/2009 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run HoursDraw  
NumberDraw  
Rev.Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

150

QC2- Inspect parts off machine FAI/FAIB

0.00



QC

Memo

0.00

Quality Control

Complete FAI document

BB 09/17/09  
X2

160

QC5- Inspect part completeness to step on W/O

0.00



QC

Memo

0.00

Quality Control

27 5 or 6/24



4

170

Identify as per dwg &amp; Stock Location: \_\_\_\_\_

0.00



Packaging

Memo

0.00

Packaging

124/9/28 (2)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Work Order ID 51974

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Item ID: D3823-1KGY

Accept



Setup Start



Revision ID: C

Item Name: Overhead Rear, LH-Grey

Stop



Start Date: 09/11/2009 Start Qty: 1.00



Cust Item ID:

Required Date: 09/21/2009 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop



Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Draw  
Number

Draw  
Rev.

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

180

QC21- Final Inspection - Work Order Release

0.00

QC

Memo

0.00

Quality Control

09/09/29 *[Signature]*  
MF 09-09-29

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



# Picklist Print

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Page 1

Work Order ID: 51974



Parent Item: D3823-1KGYRevC



Parent Item Name: Overhead Rear, LH-Grey

Start Date: 09/11/2009

Required Date: 09/21/2009

Comments:

Start Qty: 1.00

Required Qty: 1.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Remaining Qty To Pick	Qty Issued	Date Issued	Status
MKYD6185S.080-P3- 52068		Purchased	No			100	sf	907.6732	11.1556			



Kydex steel grey

Warehouse

Loc Qty

Loc Code

Location

Main Warehouse

MAT

111807

907.6732

907.6732

M111807  
BB 09/17/09

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

DART AEROSPACE LTD		Work Order: 51974
Description: Rear Overhead, LH		Part Number: D3823-1KIV/KGY
Inspection Dwg: D3823	Rev: C	Page 1 of 1

### FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

#### THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than "	/			
Shape Definition	/			
Texture Retention	/			
Material imperfections such as bumps, cracks, voids, scratching	/			

Measured by: BB

Date: 09/16/09

#### TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.5	Min	.55	✓			
0.44	Min	.55	✓			
1.75	Min	1.80	✓			
0.045	Min	.061	✓			
0.055	Min	.071	✓			

Measured by: BB

Date: 09/16/09

Audited by: Wlu

Date: 09/16/09

Prototype Approval:

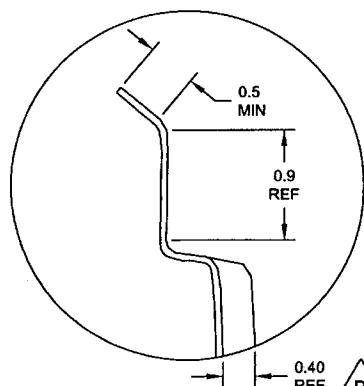
N/A

Date:

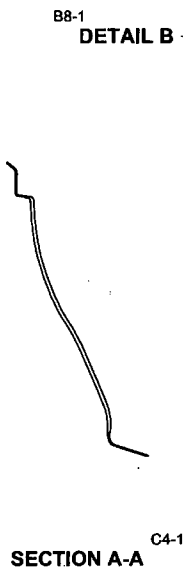
N/A

Rev	Date	Change	Revised by	Approved
A	09.06.26	New Issue	KJ	MA

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 51974



**DETAIL B**  
SCALE 5X



**SECTION A-A**



TEXTURED SIDE

MIN THICKNESS  
0.045  
(SHADED REGION)

14.3  
REF

1.75  
MIN

**RELEASED**  
*[Signature]*

**D3823-1 REAR OVERHEAD, LH**

**NOTES:**

- 1) MATERIAL: SEE TABLE
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N (SEE TABLE) USING VIBRATING STYLUS
- 7) WEIGHT: 1.9 lbs
- 8) TOOLING: THERMOFORM PER MOLD DT9112 PER DART QSI 022. TRIM PER MOLD
- 9) MINIMUM THICKNESS: 0.055" UNLESS OTHERWISE NOTED

PART NUMBER	DESCRIPTION
D3823-1KIV	KYDEX 6185, 0.080 THICK, P3-VELOUR MATTE, IVORY #62015 (MKYD6185S.080-P3-62015)
D3823-1KGY	KYDEX 6185, 0.080 THICK, P3-VELOUR MATTE, STEEL GRAY #52068 (MKYD6185S.080-P3-52068)

C	ADD STEEL GRAY COLOUR OPTION, ADD IVORY P/N'S D3823-1/2/3(KIV) AND ADD STEEL GRAY P/N'S D3823-1/2/3(KGY) (ZN A5-1, A5-2, A5-3)	PH	09.05.05
B	ADD JOGGLE TO D3823-1/2/3 FOR BETTER FIT WITH D3824-1/3 HAT BIN (ZN C5-1, C5-2, C8-3); 0.40 WAS 0.18 (ZN B7-1, D7-2); 0.45 WAS 0.29 (ZN B8-3)	PH	09.02.09
A	NEW ISSUE	PH	08.09.26
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	09.05.05		

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. D3823  
REV. C  
SHEET 1 OF 3

TITLE REAR OVERHEAD  
SCALE NTS

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